

negative reactions by this method, an intracutaneous test using a single standard concentration of extract is then applied. Serial endpoint titration is the method preferred by otolaryngologists. It consists of intradermal testing of each allergen serially at increasing concentrations until a positive (endpoint) test occurs. Our survey showed that the skin testing procedures are used by both allergists and otolaryngologists frequently in the diagnosis of inhalant allergy, but much less frequently for food allergy.

RAST, although favored more by the otolaryngologists, plays a small role in practice, since about 80% of the otolaryngologists and 90% of the allergists use this test rarely or not at all for the diagnosis of inhalant and food allergy. There is a small group of otolaryngologists who use this technique frequently.

Patients with atopic allergy usually have high circulating levels of total IgE in the serum. Because total IgE measurement affords no information about specific sensitivities, it is not surprising that fewer than 20% of physicians in either specialty order this test for most of their patients.

The controversial diagnostic techniques of cytotoxic testing and provocative-neutralization testing are not used to any significant extent by either specialty surveyed.

Treatment methods for allergen immunotherapy are similar. Subcutaneous injections are used to immunize for inhalant allergy, and very few practitioners report using immunotherapy to treat food allergy. Questions about dosage, frequency of injections, duration of treatment and patient selection criteria were not addressed in this questionnaire. The sublingual method of immunotherapy cannot be considered a significant part of the armamentarium of these physicians.

### Conclusion

CMA member allergists and otolaryngologists were surveyed in 1983 to determine the methods they use for the diagnosis and treatment of allergy. These specialists generally employ similar methods in the diagnosis and treatment of allergic disease. Both groups rely on skin testing to identify specific allergens and both use a form of "titration." The otolaryngologists prefer the more formal serial intracutaneous endpoint titration method, whereas the allergists use a simplified two-step cutaneous-intracutaneous procedure. RAST is more likely to be used selectively than routinely, as is total serum IgE. The controversial diagnostic techniques of cytotoxic testing and provocation-neutralization are clearly out of favor by both groups of specialists.

## Medical Practice Question

**EDITOR'S NOTE:** From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

### YAG Laser for Posterior Lens Capsules

#### QUESTION:

*Is the use of the neodymium YAG laser for opening (disruption) posterior lens capsules after extracapsular cataract extraction considered accepted medical practice or is it considered investigational?*

#### OPINION:

In the opinion of the Scientific Advisory Panel on Ophthalmology, the use of the neodymium YAG laser to open (disrupt) posterior lens capsules after extracapsular extraction is considered established medical practice. When used in the anterior segment of the eye, this procedure has been reported to be safe and effective, with an extremely low rate of complications. Indeed, because it avoids infection and other complications of conventional ocular surgery, this technique is considered a preferred alternative to surgical dissection.

Although the procedure itself is considered accepted practice, not all YAG lasers have been approved by the Food and Drug Administration (FDA) for this purpose. Their use, therefore, is investigational.